

and innovative actions to enable optimal care for older adults.

Method: The questionnaire was developed by researchers of STOP-IATRO project, a consortium between Portugal, France and Spain, financed by Interreg-Sudoe. Protocol obtained ethics approval from Clinical Academic Center Egas Moniz Health Alliance Ethics Committee. The anonymous paper and online (<https://forms.ua.pt/>) questionnaires were disseminated by the Unidade Local de Saúde Região de Aveiro within Aveiro region. Participants provided informed consent to participate. All data were stored and analyzed according to General Data Protection Regulation.

Findings: From a total of 64 participants: 42.5% were physicians, 11% hospital pharmacists, 37.5% nurses, and 9% health assistant technicians. Most of them (73%) have >10 years of experience. Many respondents (81%) are not aware of WHO's guidelines for preventing, slowing and reversing the decline of older people's physical and mental capacities; 84% are not aware of published recommendations to prevent loss of autonomy/functional decline during hospitalization of older people; 82% do not use any scale to assess the patient's functional status. Considering patients' decline in functional capacity not attributable solely to health conditions, around 34% participants believe that this corresponds to 11-25% patients, 24% believe to correspond to 26-50% patients, and 14% that it matches to 51-75% of cases. Also, 47% of respondents consider that 11-30% of serious iatrogenic events are due to medicines and 24% believe it is the cause of 41-60% adverse events. Additionally, 41% of the respondents think that 41-60% of these medicine-related iatrogenic events were preventable and 28% consider that 41-60% of these side effects led to hospitalization. Almost all respondents (92%) are willing to take part in pilot actions for good practice in preventing/managing drug iatrogenesis.

Conclusion: Healthcare professionals are aware of iatrogenesis. However, a lack of knowledge about guidelines was identified. Importantly, these professionals are willing to participate in collective and advanced actions to improve quality-of-care in older people and to provide healthy ageing.

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Pharmaceutical literacy in Spain and association with health-related quality of life: PILOT STUDY

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Background: Pharmaceutical literacy has not been studied in Spain in a population level, and it could have a key influence on health-related quality of life on those who take medication. Pilot studies are very valuable to assess methods adequacy and to gain knowledge of the functioning of larger scale or greater complexity studies.

Purpose: To assess the results of a pilot study regarding pharmaceutical literacy levels of the Spanish population, and its influence on health-related quality of life.

Method/study design: A pilot study was performed in 10 community pharmacies from two different regions of Spain that had to recruit between 5-6 patients.

The community pharmacists were informed about the study through the "Spanish Society of Clinical, Family and Community Pharmacy (SEFAC)". After receiving their written informed consent, they were contacted by e-mail providing an online training before starting their participation.

The community pharmacists' performance included 1) an interview between them and the patient whose pharmaceutical literacy was being rated using the interview guide "RALPH-castellano" and 2) supplying the survey "EQ-5D-5L" that the patient had to auto-complete as a measurement of health-related quality of life.

The pilot results came from the opinion questionnaire community pharmacists answered after their participation, the register of incidents elaborated during the study and the answers from the patients' interviews.

Findings: Opinion questionnaire: 100% of the pharmacists stated that the training materials provided before their performance are adequate or very adequate, 100% considered that their participation is more than assumable, the time per patient varied between 5-20 minutes, and 87.5% of the pharmacists would very likely recommend to a college participating in the study.

Register of incidents: the documents' signing generated confusion, and the time to complete the interviews and send the results was often longer than expected. Interview answers: The sample obtained between both regions was homogenous, the relationship between patients' health-related quality of life and pharmaceutical literacy had a value of $p=0.077$ (signification ≤ 0.05), considering that the sociodemographic variables collected didn't include economical aspects.

Conclusion: The pilot study development and the participation of community pharmacists were overall positive. The explanations in some organizational details should be more extensive and the data collecting period should be enlarged. Although the relationship between pharmaceutical literacy and health-related quality of life was not significant, it is expected that in a representative sample of patients the result will change. New socio-demographic variables of patients will also be added.

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Assessment of the Automated Dose Dispensing Service provided by a Community Pharmacy to a Nursing Home.

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Background: The rising prevalence of chronic conditions in aging populations poses challenges in managing polypharmacy, particularly for institutionalized older adults who often face complex medication regimens. Automated Dose Dispensing (ADD) is an automated process, which allows one or more medications to be accurately dispensed into a container or pouch for a patient to take at a scheduled date and time. ADD service provided by community pharmacies improves adherence to treatments through structured and personalized medication management.

Purpose (Research Question): The primary aim of this study was to evaluate potential medication-related problems associated with medications dispensed by a community pharmacy to a nursing home through the ADD service. Furthermore, the study aimed to assess the medical and pharmaceutical interventions carried out during the study period.

Method/Study Design: A one-month observational, cross-sectional study was conducted in July 2023, focusing on a sample of 50 residents aged 60–100 years from a nursing home. Each participant received weekly ADD- prepared medications (individualized dosage pouch, labelled with patient's details, dosage, and administration schedule). Data on demographics, prescribed medication, medication-related problems and interventions were gathered within the selected sample.

Findings: Among the patients enrolled in the ADD service, the majority were women (72%), and the average age was 83.3 years old. The average number of medications per patient was 4, with the range of medications prescribed varying from 1 to 12. The most commonly prescribed medications were omeprazole (32%), acetylsalicylic acid (26%), quetiapine (26%), furosemide (22%), and trazodone (22%). The total number of medical interventions was 47, distributed as follows: 53.2% were medication discontinuations (e.g., cessation of antibiotic treatment), 40.0% were medication addition (e.g., starting antihypertensive medications to better manage blood pressure), and 6.4% were emergency prescriptions (e.g., adding pain medication during an acute pain episode).

Furthermore, pharmacists conducted a total of 69 interventions, including changes in the preparation of the weekly medication due to the discontinuation or addition of medications (44 out of 69), detection of expired medications on electronic prescriptions (11 out of 69), urgent requests for medications unavailable at the nursing home (11 out of 69), and detection of changes in emergency medical prescriptions, such as antibiotics or insulins (3 out of 69).